

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **675539** (1)

1. Corporation Name

ASSOCIATES IN PULMONARY DISEASES, P.A.



| | |
|---|---|
| Principal Place of Business 200 S BISCAYNE BLVD. STE 4500 MIAMI FL 33131 US | Mailing Address 200 S BISCAYNE BLVD. STE 4500 MIAMI FL 33131 US |
|---|---|

| | |
|--|--|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 |
| 22 Suite, Apt. #, etc. One SE. 3rd Ave 28 fl | 27 Suite, Apt. #, etc. One SE. 3rd Ave 28 fl |
| 23 City & State Miami FL | 28 City & State Miami FL |
| 24 Zip 33131 | 25 Country USA |
| 29 Zip 33131 | 30 Country USA |

| | |
|---|--|
| 3. Date Incorporated or Qualified 06/04/1980 | 3a. Date of Last Report 03/21/1995 |
| 4. FEI Number 59-2000453 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability or intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

**RAATTAMA, HENRY H., JR.
200 S. BISCAYNE BLVD
STE 4500
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name
Raattama Henry H., Jr.

82 Street Address (F.O. Box Numbers Not Applicable)
One S.E. 3rd Avenue

83
28th Floor

84 City
Miami

85 Zip Code
FL 33131

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* Date: **3/21/96**

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE | DST <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HART, DR ROBERT | 1.2 NAME | |
| STREET ADDRESS | 4701 MERIDAN AVE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI BCH, FL 00000 | 1.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LLAMAS, DR ROBERTO | 2.2 NAME | |
| STREET ADDRESS | 4701 MERIDAN AVE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI BCH, FL 00000 | 2.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: *[Signature]* **D. ROBERT HART, M.F.** Date: **3/21/96** (305) 674 3125

CR2E034 (12/95)